



Iowa Operations  
 4149 Highline Blvd. Suite 200  
 Oklahoma City, OK 73108

### TRANSPORTATION REQUEST FORM

(For one time trip)

Must Be Submitted 2 Business Days Prior to the Appointment Day

Please Complete All Fields of Form or Trip Will Not Be Scheduled

FAX # 866-535-0246

PHONE # 866-277-8962

Facility:		Trip Requestor:		Today's Date:		
Member Name (Last, First, MI)			Select One: <input type="checkbox"/> Transportation <input type="checkbox"/> Gas Reimbursement			
Medicaid ID #			Special Needs:			
DOB: ____/____/____		Escort: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Requestor Phone #		Requestor Fax #				

#### LEVEL OF SERVICE:

<input type="checkbox"/> Ambulatory	<input type="checkbox"/> Wheelchair (Please Complete Next Section)	<input type="checkbox"/> Stretcher (Please Complete Level of Service Form)
If Wheelchair, please complete: Member Weight:____ Member Height:____ Stairs: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? ____		
Is the member able to transfer to a sedan vehicle: <input type="checkbox"/> Yes <input type="checkbox"/> No		

#### GAS REIMBURSEMENT INFORMATION (Complete Only if Gas Reimbursement is Selected)

Driver Name:_____	Mailing Address: _____	SSN: _____
-------------------	------------------------	------------

#### PICK-UP INFO

Residence/Facility Name:		Member Phone #
Address:	City, State ZIP	

#### DROP-OFF INFO

Facility/Complex Name:		Facility Phone #
Physician's Name:		Nature of Appointment/Type of Physician:
Address:		City, State ZIP
Appointment Date: ____/____/____		Appointment Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Will Call? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, enter Return Time)		Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM

**To be processed ALL fields MUST be completed and legible.  
 Failure do so could result in trip not being processed.  
 (Must be submitted 2 Business Days prior to the appointment day)**

**NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

“Caution: This information contains confidential and proprietary trade secrets, the release of which could cause competitive harm. It is not subject to disclosure under any freedom of information act or open records act law or regulation. Do not further disclose.”